

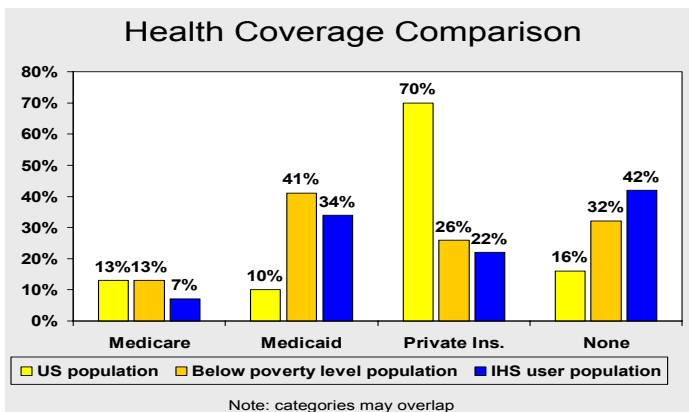
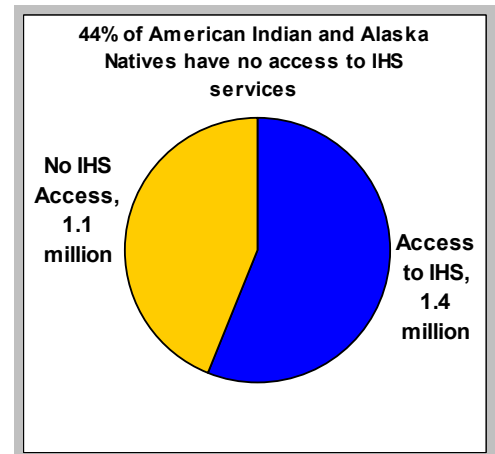
DISPARITIES IN HEALTH INSURANCE COVERAGE FOR AMERICAN INDIANS AND ALASKA NATIVES

ISSUE

American Indians and Alaska Natives have less health insurance coverage than do other Americans, even those with incomes below the poverty level.

BACKGROUND

The Indian Health Service (IHS) is not a health insurance program for American Indians and Alaska Natives. The IHS is a federally funded program that provides direct care and contract health care services to the extent appropriated funding allows. Funds for IHS healthcare are discretionary, not a personal entitlement. All members of federally recognized tribes are eligible for health care from the IHS. However, usually only those living near IHS hospitals and clinics, which are located primarily in remote reservation areas, actually access services.

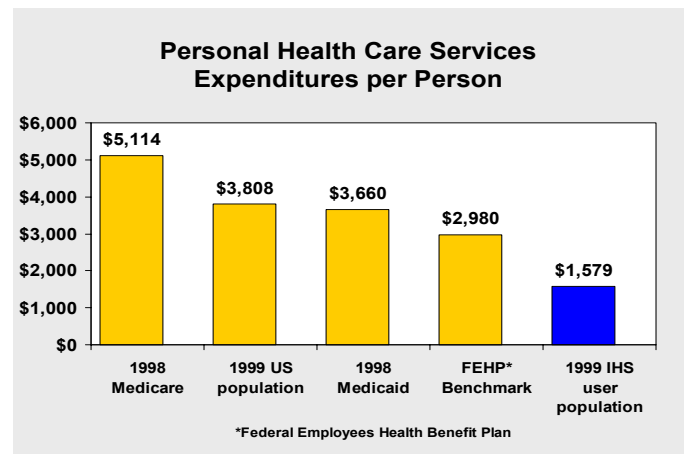


SITUATION

While services from the IHS would appear to fill the health coverage gaps experienced by American Indian and Alaska Native people, in reality low funding severely limits services from the IHS. For those who can get to an IHS facility, services are provided without cost to the individual to the extent appropriated funds are available--sometimes this means care must be rationed, and patients with lesser problems often find their medical care postponed or never provided.

OPTIONS/PLANS

- The IHS will work with the Centers for Medicare and Medicaid (CMS) to increase Indian enrollment in Medicare & Medicaid and SCHIP in order to increase third-party reimbursements and to provide more insurance options for Indians.
- National surveys and studies need to over-sample American Indians and Alaska Natives to ensure critically needed data for understanding and addressing health insurance disparities.
- The IHS will help to expand the role of tribes in assessing health coverage eligibility and enrolling eligible members, since tribes have access to more reliable and up to date member data.



ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.

This issue summary should be used in conjunction with the IHS "Heritage and Health" and "IHS Profile" documents, available at <http://info.ihs.gov>

May 2002